



**STATE OF CONNECTICUT**  
**DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION**  
**Division of Scientific Services**

**REQUEST FOR EXAMINATION OF PHYSICAL EVIDENCE**

- ☐ Forensic Science Laboratory
- ☐ Toxicology/Controlled Substance Laboratory
- ☐ Computer Crime and Electronic Evidence Laboratory

Laboratory Identification Number

LABORATORY USE ONLY

Case Previously Submitted? ☐ YES ☐ NO  
If "Yes," Laboratory ID Number:

Examined By Other Agency? ☐ Yes ☐ No  
If "Yes," specify:

Name of Submitting Agency:

Agency Address including Zip Code:

Incident Type: \_\_\_\_\_

Incident Town: \_\_\_\_\_

Incident Date: \_\_\_\_\_

Telephone ( )

Agency Case Number:

Name of Victim (Last, First, M.I.)	DOB	Race	Sex	Name of Suspect (Last, First, M.I.)	DOB	Race	Sex

Brief History of Case:

Item #	Describe Each Item of Evidence	Type of Examination Requested

Is total property loss or damage over \$2,000.00? ☐ YES ☐ NO ☐ N/A

(If "No" was checked, please contact the Laboratory prior to submission of evidence)

Additional Information:

Person Requesting Examination (Print Name)

Date of Request

Person Submitting Evidence (Print Name)

Date of Submission

*\*All hard evidence must be fumed prior to submission unless other arrangements have been made with the Laboratory*

278 Colony Street, Meriden, Connecticut 06451

Telephone (203) 639-6400 Fax (203) 639-6484

